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(includes Reference to PCT Internal	ional Applications)	N AND POWER OF ATTORNEY	ATTORNEY'S DOCKET NUMBER PHDE020103 US
As a below named inventor,	hereby declare that:		
My residence, post office add	dress and citizenship are as st	ated next to my name.	
brandi mannes are listed below	ontroller for starting a piezoi	e name is listed below) or an origin is claimed and for which a patent is motor	al, first and joint inventor (i sought on the invention
is attached hereto.	· .	<i>;</i>	
was filed as United States	application	die	
Serial No			
on —			·
and was amended			
on		•	•
☑ was filed as PCT internation	001442	;	
on April 17, 2	003		
and was amended under PCT	Article 19		,
on			(if applicable).
I acknowledge the duty to disc	riendment referred to above.	ents of the above-identified specificerial to the examination of this appli	ation, including the
I hereby claim foreign priority to or inventor's certificate or of ar States of America listed below any PCT international applicat	penefits under Title 35, United by PCT international application and have identified below any ion(s) designating at least one	States Code, § 119 of any foreign and states code, § 119 of any foreign and foreign application(s) for patent or a country other than the United State of the application(s) of which priority	application(s) for patent ry other than the United inventor's certificate or
PRIOR FOREIGN/PCT APPLI	CATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 11	9:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Germany	102 18 565.4	26 April 2002	YES
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PTO/SB/80 (12-03)

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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).					
Assignee Name and Address:					
Koninklijke Philips Electronics N.V.					
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5621 BA Eindhoven, The Netherlands					
^					
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The hot be med.					
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Name Matthieu van Kaan					
Signature		Date	Amilla End		
Title Authorized Representative		Telephone (9	14) 333-9600		
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